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DOCKET NUMBER: 0213-1431-0/mmb

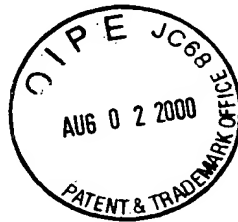
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:
Satoru NISHIMURA, et al.

SERIAL NUMBER: 09/534,995

FILED: March 27, 2000

FOR: CHOLINE MONOOXYGENASE GENE



: GROUP: 1649

: ATTENTION:
Application Division
Customer Corrections

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SECOND REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

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Sir:

The Patent Office is requested to provide a corrected Official Filing Receipt for the attached. If you have any questions, please do not hesitate to contact us.

No fees are required. However, in the event that a fee is required, please charge the appropriate amount to our Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/534,995	03/27/2000	1649	1364	0213-1431-0	2	82	82

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Arlington, VA 22202

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Date Mailed: 07/18/2000

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Applicant(s)

Satoru Nishimura, Toyota-shi, JP ;
Ayumi Koike, Kanagawa, JAPAN;

Continuing Data as Claimed by Applicant

Foreign Applications

JAPAN 273275/1999 09/27/1999

If Required, Foreign Filing License Granted 05/26/2000

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JUL 20 2000
OBLON, SPIVAK, McCLELLAND
MAIER & NEUSTADT, P.C.

Title

Choline monooxygenase gene

Preliminary Class

800

Data entry by : SHEFFEY, CATHERINE

Team : OIPE

Date: 07/18/2000



PLEASE NOTE THAT THE 1ST APPLICANT'S INFORMATION IS INCORRECT, IT SHOULD READ AS FOLLOWS:

SATORU NISHIMURA, TOYOTA-SHI, JAPAN



Bib Data Sheet



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SERIAL NUMBER 09/534,995	FILING DATE 03/27/2000 RULE -	CLASS 800	GROUP ART UNIT 1649	ATTORNEY DOCKET NO. 0213-1431-0	
APPLICANTS Satoru Nishimura, Toyota-shi, JAPAN; Ayumi Koike, Kanagawa, JAPAN; ** CONTINUING DATA ***** <i>none</i> ** FOREIGN APPLICATIONS ***** JAPAN 273275/1999 09/27/1999 <i>okay</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/26/2000 -					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Int. Expt.</i> Examiner's Signature Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 2	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 6
ADDRESS Oblon Spivak McClelland Maier Neustadt PC Fourth Floor 1755 Jefferson Davis Highway Arlington, VA 22202					
TITLE Choline monooxygenase gene					
FILING FEE RECEIVED 1364	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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